

Counseling and Rapid HIV Testing for Women in Labor with Unknown HIV Status

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Epidemiology of HIV Disease in New Jersey: 12/31/04

- 5th in US Cumulative reported AIDS Cases
- Highest proportion of women living with AIDS (32%)
- 3rd cumulative reported ped. AIDS cases
- 3,181/3,205 (99%) pediatric HIV/AIDS cases and perinatal exposures.

Evaluation of Implementation

- Access to Prenatal Care
- Counseling and Testing: Provider & Patient
- AZT and other Antiretroviral Agent Use
- Impact on Transmission
- **Missed Opportunities**
- Potential Toxicities
- Potential Adverse Outcomes

Access to Prenatal Care

1993, 1995, 1996

- 25% of HIV Infected Pregnant Women Had No Known Prenatal Care
- In 2000: 14% No Known Prenatal Care & 6% 1-2 Prenatal Visits
- A Major Gap In Prevention Of Perinatal HIV Transmission In New Jersey
- An Opportunity For Intervention

Counseling and Testing

- >90% providers offer, >90% accept
- Serostatus knowledge: 91% HIV infected pregnant women know their serostatus prior to delivery (4% tested at delivery)
- Even if woman knows her status delivery team may not know her HIV status

Implementation of PHS Recommendations in New Jersey

- ART use: increased from 8.3% in 1993 to 84.2% known in 2003
- Decrease in perinatal transmission from 21% in 1993 to 3.0% in 2003
- Room for improvement recent studies show vertical transmission can be as low as 1-2%
- What are the missed opportunities?

New Jersey

Pediatric HIV/AIDS Cases & Exposures

Born 1993-2004 By Category

As of December 31, 2004

Birth Year	Infected		Indeterminate		Seroreverter		Total Reported
	#	%	#	%	#	%	
1993	75	21	82	23	194	55	351
1994	55	17	103	32	162	51	317
1995	50	16	81	26	185	59	316
1996	39	13	76	26	180	61	295
1997	32	11	86	30	164	58	282
1998	23	7	94	31	191	62	308
1999	15	6	76	30	159	64	250
2000	13	5	73	27	182	68	268
2001	7	3	76	35	136	62	219
2002	4	2	78	36	134	62	216
2003	5	3	69	38	110	60	184
2004*	3	2	118	75	36	23	157
Total	326	12	1,012	31	1,833	58	3,163

Missed Opportunities: Children Who Became Infected

- 7 children infected 1999, 1 infected 2000 (preliminary data reports through 12/31/00)
- 5 of the 8 (63%) no known or inadequate prenatal care
- 7/8 (88%) HIV status unknown to the delivery team

Missed Opportunities: Children Who Became Infected Continued

- 1 of the 8 (13%) had prenatal care starting in 3rd trimester with antiretroviral agents in pregnancy, labor/delivery, and neonatal period and a vaginal delivery
- Major gap: women presenting in labor with unknown HIV serostatus to the provider
- Contributing factor: lack of or inadequate prenatal care

Prevention of Perinatal HIV Transmission: ? Serostatus

- Rapid Test for Unknown Serostatus
- Short Course Therapy Options:
 - 1 dose NVP labor onset & 1 dose NVP for the newborn at age 48 hours
 - ZDV+3TC in labor & 1 week ZDV+3TC for the newborn
 - Intrapartum ZDV+6 weeks ZDV newborn
 - 2 dose NVP regimen + 6 weeks ZDV

Hospital Survey 2000: Management Labor Unknown Serostatus

- Questionnaire telephone survey of 12 hospitals Essex, Hudson, Union counties
- IRB approval
- 12 licensed acute care general hospitals
- 9/12 (75%) responded
- 6/9 (67%) provide obstetrical care
- 1/9 (10%) rapid test capability

Hospital Survey: Management Labor Unknown Serostatus

- 1/6 (17%) always offers CTS in labor
- 2/6 (33%) almost always offer CTS in labor
- 2/6 (33%) rarely or never offer CTS in labor
- 0 policy for rapid test/short course therapy
- 5/6 (83%) use standard EIA + Western Blot
- 1/6 (17%) use HIV DNA PCR
- Problem: obtaining results in 72 hrs to treat infant with ZDV

Plan of Action: A Statewide Policy for Unknown Serostatus

- Identify & involve providers & other stakeholders
- Meetings starting 10/31/00
- Education
- Dissemination of information
- Implementation of the policy
- Evaluation

Intent of the Standard of Care

- Provide HIV counseling and voluntary rapid or expedited testing of mothers or newborns if unknown HIV status or mother reports HIV infection with no documentation on the medical record
- Offer maternal &/or newborn ART if HIV +, mother reports being HIV +, or mother previously documented to be HIV +

Intent of the Standard of Care

- To decrease the risk of vertical transmission in every HIV exposed baby born in a New Jersey hospital to the best practice standards

Standard of Care: Women in Labor with ? HIV Status

- Provide counseling (pre- and posttest)
- Voluntary rapid or expedited HIV test
- If HIV positive provide preliminary lab results (CDC & ASTPHLD)
- If HIV positive offer short course therapy
- DO NOT DELAY RX pending confirmatory lab results
- Refer mother & child for follow-up care

Dissemination of the Standard of Care

- Development & dissemination of a template counseling session for pregnant women
- Hospital mailing with a Laboratory Alert
- Continuing education programs: 23 programs, 1,299 attendees
- Web-based CME
- Hospital TA
- Articles for Publication: medical & lab

Dissemination - Continued

- Collaboration with NJDHSS hospital licensure staff
- Collaboration with the Board of Medical Examiners
 - License physicians and nurse midwives
- Collaboration with OB Society & ACOG

Evaluation

- Enhanced Perinatal Surveillance
- Repeat Hospital Survey
- SCBW with AZT testing

How are we Doing? Repeat Hospital Survey Spring 2003

- 24/59 (41%) OB hospitals responded
- 23/24 (96%) aware standard of care
- 19/23 (83%) always or almost always offer counseling in labor
- 19/22 (86%) offer testing in labor
- 16/24 (67%) rapid or expedited testing
- 4/4 (100%) without rapid testing plan within 6 months

How are we Doing? Repeat Hospital Survey Spring 2003

- 17/19 (89%) offer short course therapy if rapid or expedited HIV test during labor is a preliminary HIV positive result

Summary of Recent Perinatal Infections: 2003-2004

- 7 cases
- Only 1 received appropriate care and prevention medications
- 2 Mom tested after birth
 - 2 No PNC, no meds
 - 1 neonate start ZDV day 3
 - 1 neonate no ZDV
 - 2 c/s (1 non-elective, 1 unknown)

Summary of Recent Perinatal Infections: 2003-2004: Continued

- 3 Mom diagnosed before pregnancy
 - 3 No PNC, no meds
 - 1 neonate no ZDV, 1 unknown, 1 ZDV
 - 2 vaginal deliveries (1 home delivery)
 - 1 c/s 34 weeks type unknown
- 1 Mom diagnosed before pregnancy
 - PNC starting 7 months, non-adherent meds
 - elective c/s 38 weeks, ZDV L&D, neonate day1

Major Missed Opportunities: 2005

- Potentially preventable cases persist
- Lack of or inadequate prenatal care
- Lack of availability of rapid testing and short course therapy at some New Jersey hospitals that provide OB care
 - Women in labor
 - Occupational exposures
 - Diagnosis/ER

2005 Hospital Survey

- Collaborative effort with the Hospital Association
- Goal: evaluate implementation of standard of care and identify facilities that may need TA individually or at 11/3/05 conference
- Data collection tool developed
- IRB exemption obtained
- Data collection pending

Continuing Efforts to Decrease Missed Opportunities

- Target Population
 - Women in labor with ? HIV status
 - Women not in PNC
- Approach:
 - Repeat hospital survey encourage rapid testing
 - Provider education
 - Missed opportunities work group
 - Outreach to women

Summary

- Perinatal HIV transmission decreased from 21% to 3%
- Major missed opportunity: women who present in labor with unknown status
- Goal: Availability of rapid testing & short course therapy at all NJ OB hospitals
- Lack of or inadequate PNC = contributing factor
- Trying to achieve maximal reduction of perinatal HIV transmission